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P1O/SB 06 to Science Approved for asc through 10/31/2002, OMB 0651-0052 St Parent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwors. Pediction Act of 1995, no fersons are required to responsition epicetion of information unless it displays a valid OMB control number.

## PATENT APPLICATION FEE DETERMINATION RECORD

CLAIMS AS HIEFD PART. o ofana fi NUMBER EXTRA SUBMBER FILED BASIC PEI (37), LP 1 100 a). TOTAL CLAIMS  $\min(20$ 37 CFR 1.16(c)i INDEPENDENT CLAUSS minus 3-17 CHR 1 16-5 MULTIPLE DEPENDENT CLAIM PRESENT

RATE TOTAL. OTHER THAN

SMALL ENTITY

CLAIMS AS AMENDED - PART II

o cambo So (Column 2) HIGHEST **CLAIMS** PRESENT NUMBER REMAINING PREVIOUSLY EXTRA AFTER AMENDMENT PAID FOR Total Minus (37 CFR 1.16(c)) Independent (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

				·
RATE	ADDI- TIONAL FEE -		RATE	ADDI TIQNAL FEE
x \$ <u>9</u> =		OR OR	: <u>s 18</u> = : 88 =	
× 151_= -:150 -	1	; OR : : OR	300	- - - -
TOTAL ADDIT, FEE		OR	TOTAL ADDIT: FEE	<u> </u>

		. (Column 1)		(Column 2)	or a frama Pa
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
ĝ	Total (37 CFR 1.16(c))	*	Minus		
ME	Independent * (37 CFR 1.16/b))	*	Minus	***	=
⋖	FIRST PRES	SENTATION OF MULTIPLE DEPENDENT CLAIM			(37 CFR 1.16 d))

<b>1</b> 2	11111				
	RATE	ADDI- TIONAL FEE		RATE	ADDI- FIONAL FEE-
	x <u>59</u> = x <u>44</u> =	51. (1×15.	OR OR	x <u>s 18</u> = x <u>88</u> =	
	+ <u>150</u> ==	N.	OR OR	TOTAL	
1	ADDIT, FEE	ADDI-	,   :	ADJOTT, PEC	ADDI-

	(Column 1)		(Column 2)	o Column 30
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	•	Minus	**	-
Independent	*	Minus	***	=
	SENTATION OF M	ULTIPLE DEF	PENDENT CLAIM	GT CITE JAGGO
	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	CLAIMS REMAINING AFTER AMENDMENT  Total (37 CFR 1.16(c))  Independent (37 CFR 1.16(b))	CLAIMS REMAINING AFTER AMENDMENT  Total (37 CTR 1.16(c))  Independent (37 CTR 1.16(b))  * Minus	CLAIMS REMAINING AFTER AMENDMENT  Total (37 CFR 1.16(c)) Independent  * Minus  HIGHEST NUMBER PREVIOUSLY PAID FOR  ***  Minus  ***  Minus

ADDI-RATE TIONAL FEE: 50 = ATOT ADDIT, FEE

5 * 1	RATE:	PEE
ÓR	x s 18 =	· · ·
OR OR	x <u>88</u> -=	
OR	+300 =	
OR	TOTAL ADDIT, FEE	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the min ideal case. Any comments on the amount of time von are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Frademan Office, Washington, DC 20231. DO 3011 SESD CERS OF COMPLETED FORMS TO THIS OTHERS SESD TO. Assistance organizations of Patents. Washington, DC 20231.

If the difference in column, 1 is less then zero, enter "0" in column 2

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, entra "20."

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, each 3." The "Highest Number Previously Paid For" (Total or Independent) is the highest mumber found in the appropriate box in column 1